

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**Mail Stop ISS **FEE**  
Commissioner for Patents  
P.O. Box 1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

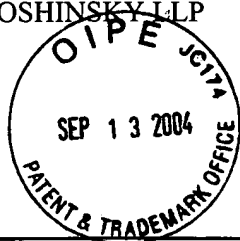
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

24998

7590

06/22/2004

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP  
2101 L STREET NW  
WASHINGTON, DC 20037-1526



Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/735,897	12/16/2003	Robert K. Carstensen	M4065.0154/P154-B	5691

TITLE OF INVENTION: METHOD FOR IMPROVED PROCESSING AND ETCHBACK OF A CONTAINER CAPACITOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HA, NGUYEN T	2831	361-306300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dickstein Shapiro  
☒ Morin & Oshinsky LLP  
☒ \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micron Technology, Inc.

Boise, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies Five (5)

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 04-1073 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Stephen A. Soffen

(Date)

Reg. No. 31,063 9/13/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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09/14/2004 EABUBAK2 00000063 10735897

01 FC:1501

1330.00 OP

02 FC:1504

300.00 OP

03 FC:8001

15.00 OP



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/735,897-Conf. #5691
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	December 16, 2003
1,645.00		First Named Inventor	Robert K. Carstensen
		Examiner Name	N. T. Ha
		Art Unit	2831
		Attorney Docket No.	M4065.0154/P154-B
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid	
FEE CALCULATION		1051 130 2051 65 Surcharge - late filing fee or oath	
1. BASIC FILING FEE		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.	
Large Entity Small Entity		1053 130 1053 130 Non-English specification	
Fee Code Fee (\$)	Fee Code Fee (\$)	1812 2,520 1812 2,520 For filing a request for ex parte reexamination	
1001 770 2001 385 Utility filing fee		1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	
1002 340 2002 170 Design filing fee		1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
1003 530 2003 265 Plant filing fee		1251 110 2251 55 Extension for reply within first month	
1004 770 2004 385 Reissue filing fee		1252 420 2252 210 Extension for reply within second month	
1005 160 2005 80 Provisional filing fee		1253 950 2253 475 Extension for reply within third month	
SUBTOTAL (1) (\$)		1254 1,480 2254 740 Extension for reply within fourth month	
0.00		1255 2,010 2255 1,005 Extension for reply within fifth month	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1401 330 2401 165 Notice of Appeal	
Total Claims 10 -20** =	Extra Claims Fee from below	1402 330 2402 165 Filing a brief in support of an appeal	
Independent Claims 1 -3** =		1403 290 2403 145 Request for oral hearing	
Multiple Dependent		1451 1,510 1451 1,510 Petition to institute a public use proceeding	
Large Entity Small Entity		1452 110 2452 55 Petition to revive - unavoidable	
Fee Code Fee (\$)	Fee Code Fee (\$)	1453 1,330 2453 665 Petition to revive - unintentional	
1202 18 2202 9 Claims in excess of 20		1501 1,330 2501 665 Utility issue fee (or reissue)	
1201 86 2201 43 Independent claims in excess of 3		1502 480 2502 240 Design issue fee	
1203 290 2203 145 Multiple dependent claim, if not paid		1503 640 2503 320 Plant issue fee	
1204 86 2204 43 ** Reissue independent claims over original patent		1460 130 1460 130 Petitions to the Commissioner	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
SUBTOTAL (2) (\$)		1806 180 1806 180 Submission of Information Disclosure Stmt	
0.00		8021 40 8021 40 Recording each patent assignment per property (times number of properties)	
**or number previously paid, if greater; For Reissues, see above		1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
		1810 770 2810 385 For each additional invention to be examined (37CFR 1.129(b))	
		1801 770 2801 385 Request for Continued Examination (RCE)	
		1802 900 1802 900 Request for expedited examination of a design application	
		Other fee (specify) 8001; 1504 Printed copy of patent w/o color; Publication fee for early, voluntary, or normal publication	
		315.00	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	
		1,645.00	
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Stephen A. Soffen Gabriela I. Coman	Registration No. (Attorney/Agent)	31,063 50,515
Signature		Telephone	(202) 828-2232
		Date	September 13, 2004